

<i>SERFF Tracking Number:</i>	<i>UHLC-126918008</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>47383</i>
<i>Company Tracking Number:</i>	<i>GU25018STGRS</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>ADVERTISING/GU25018STGRS</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT	SERFF Tr Num: UHLC-126918008	State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed-Closed	State Tr Num: 47383
Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: GU25018STGRS	State Status: Filed-Closed
Filing Type: Advertisement		Reviewer(s): Stephanie Fowler
	Authors: Michelle Ambach, Tammy Frederick, Bobbie Walton	Disposition Date: 12/15/2010
	Date Submitted: 11/23/2010	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

General Information

Project Name: ADVERTISING	Status of Filing in Domicile: Not Filed
Project Number: GU25018STGRS	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 12/15/2010	Explanation for Other Group Market Type:
	State Status Changed: 12/15/2010
Deemer Date:	Created By: Bobbie Walton
Submitted By: Bobbie Walton	Corresponding Filing Tracking Number:
	GU25018STGRS

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising material is new and does not replace any material previously submitted to the Department.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014AR which was approved by your Department on 11/3/09 under State Tracking

SERFF Tracking Number: UHLC-126918008 State: Arkansas
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TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/GU25018STGRS
Number 43646.

These advertising materials will be used with the following material, previously approved on 11/5/09 under St. Tr # 43459:

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Mass Marketed)
Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)
Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Mass Marketed)
Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)
Plan Benefit Tables: BT25 – BT33
BT002 ST AB, CF, KLN
BT002 ST CCSelect,
BT002 ST FFSelect
Plan Overviews: POV3, POV4
Rules & Disclosures: RD4, RD5
Premium Rate Pages: MRP0001 (Med Supp), MRP0002 (Med Select) - - (All Non-Agent Marketing Channels)
MRP0003 (Med Supp), MRP0004 (Med Select) - - (All Marketing Channels)
Medicare Select Plan of Operation: PO3

The enrollment applications M75146IMMMAR01 01B, et al - Approved on 11/13/09 under St. Tr. # 43696.

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
680 Blair Mill Rd. 215-902-8444 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

SERFF Tracking Number: UHLC-126918008 *State:* Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$400.00
Retaliatory? No
Fee Explanation: \$50 per component - 8 components = \$400
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$400.00	11/23/2010	42260487

SERFF Tracking Number: UHLC-126918008 *State:* Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/15/2010	12/15/2010

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Disposition

Disposition Date: 12/15/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes
Form	Advertisement	Filed	Yes

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Form Schedule

Lead Form Number: GU25018STGRS

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Filed 12/15/2010	GU25018S TGRS	Advertising	Advertisement	Initial		45.000	GU25018STG RS.pdf
Filed 12/15/2010	SA25211S TGRS	Advertising	Advertisement	Initial		45.000	SA25211STG RS.pdf
Filed 12/15/2010	SA25212S TGRS	Advertising	Advertisement	Initial		45.000	SA25212STG RS.pdf
Filed 12/15/2010	CV2501ST GRS	Advertising	Advertisement	Initial		45.000	CV2501STG RS.pdf
Filed 12/15/2010	CV2502ST GRS	Advertising	Advertisement	Initial		45.000	CV2502STG RS.pdf
Filed 12/15/2010	CV2503ST GRS	Advertising	Advertisement	Initial		45.000	CV2503STG RS.pdf
Filed 12/15/2010	CV2504ST GRS	Advertising	Advertisement	Initial		45.000	CV2504STG RS.pdf
Filed 12/15/2010	SA25225S TGRS	Advertising	Advertisement	Initial		45.000	SA25225STG RS.pdf

Medicare Supplement Insurance:

THE BASICS

Before you choose a Medicare supplement insurance plan, it's important you understand how these plans work. A Medicare supplement plan provides additional coverage that helps pay for some of the medical expenses Medicare doesn't pay. Generally, it's available to anyone who is 65 or older and eligible for Medicare. If you want to enroll in a Medicare supplement insurance plan, it's best to do it within the six months after you enroll in Medicare Part B when you turn 65. That way, you cannot be turned down for coverage.

What is Medicare supplement insurance?

Medicare is a government plan that helps millions of Americans get the health care they need. But it doesn't pay for everything. In fact, Medicare only covers about 80% of your Medicare Part B medical expenses. That means the rest is up to you.

That's why there's Medicare supplement insurance — also called Medigap insurance. It helps pay for some of the financial “gaps” Medicare doesn't pay for, so you don't have to. Depending on the plan, Medicare supplement insurance pays some or all of the costs that aren't paid by Medicare Part A and Part B, like deductibles and co-insurance.

How does Medicare supplement insurance work with Medicare?

Medicare Part A (hospital insurance)

For most people, Part A comes with no monthly premium. It's designed to help cover inpatient hospital care, including skilled nursing facility stays (following a qualified hospital stay) and hospice care. You are responsible for deductibles and co-insurance.

Medicare Part D (prescription drug coverage)

This separate, optional insurance may help lower your prescription drug costs. Private insurance providers approved by Medicare offer these plans, and premiums may vary. There will be differences between plans, including what drugs are covered and which pharmacies you can use.



Medicare Part B (medical insurance)

Part B helps cover doctors visits and outpatient care. It also covers some other medical services not covered by Part A, such as some services of physical and occupational therapists. The premium can be deducted directly from your Social Security benefits. You're responsible for the co-insurance and yearly deductible.

Medicare supplement insurance

If you're enrolled in Medicare Parts A and B, a Medicare supplement insurance plan can help pay some of the costs that Medicare Parts A and B don't cover — like co-insurance and deductibles. Offered by private insurance companies, premiums vary by plan and company. Coverage travels with you wherever you go in the U.S., and some plans pay a benefit for emergency care abroad. By law, Medicare supplement plans cannot provide benefits for prescription drugs.

Need help with a word? Terms you see underlined are defined in the *Insurance Terms Glossary*.

Be careful not to confuse a “Plan” with a “Part.” Medicare supplement plans A, B, C and D are not related to Medicare Parts A, B, C and D, even though they're named with the same letters.

What do I need to know about Medicare supplement insurance?

Now that you know how Medicare supplement insurance is designed to work with Medicare Part A and Part B, it's important to also understand these 6 key points:

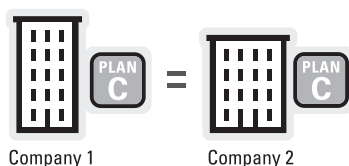
1 Medicare supplement insurance comes in 10 different plans.

The federal government has defined standard benefits for each of the 10 plans, named with the letters shown below. Providers who choose to offer Medicare supplement plans do not have to offer all 10 plans.



2 Each plan's benefits are the same from company to company.

For example, one company's Plan C must provide the same standard benefits as another company's Plan C, even though the plan premiums may be different. "Value-added" services, such as discounts on eyewear or gym memberships, are not part of the plan benefits and may vary from insurer to insurer.



3 All Medicare supplement plans provide these basic benefits:



Medicare Part A (Hospital) co-insurance, plus coverage for 365 additional days after Medicare coverage ends.



Medicare Part B (Medical Expenses)—Part B helps cover a range of medically necessary services, including doctors visits, outpatient care and home health services. Part B also covers some preventive services.



The first 3 pints of blood each year. (Medicare pays for all blood after the first 3 pints.)

4 Each of the plans is designed to fill different gaps.

So you can choose the plan that's best for you. For example, there are plans to help cover your Part A or B deductibles, emergency care abroad or Part B excess charges, to name a few.

5 Medicare supplement plans are available in every state.

Since Medicare supplement insurance plans are standardized, the same plans are available to residents in every state. However, insurance companies can select which plans they offer in each state.

6 Some insurance companies in some states offer Select Plans.



A Select Plan can be any of the 10 standardized Medicare supplement plans A–D, F, G or K–N, but it often costs less because you are required to use Medicare-certified network hospitals.

What costs can Medicare supplement insurance help with?







Depending on the plan, Medicare supplement insurance helps you pay for some or all of the costs that aren't paid by Medicare, including co-insurance, co-payments and deductibles.

- **Co-insurance** is splitting your health care costs with the plan on a percentage basis. For example, you pay about 20% or more and the plan pays about 80%.
- **Co-payment** is a fixed amount you pay, such as \$10, for a service or product. Some people call this a "co-pay."
- **Deductible** is a preset amount you have to pay first, before Medicare or other insurance starts to pay.

How do I know if I am eligible for an AARP® Medicare Supplement Insurance Plan?

You must meet these 4 requirements:

-  **1 Typically, you are 65 or older.** (However, please see eligibility requirements for your state in the Important Information section. In some states, plans may be available to persons eligible for Medicare by reason of disability.)
-  **2 You are enrolled in both Medicare Part A and Part B.**
-  **3 You do not duplicate Medicare supplement insurance coverage.**
-  **4 You are an AARP member or a spouse of a member.** (If you are not a member, you must first become a member.)
Please note that these requirements are for AARP Medicare Supplement Plans. Other Medicare supplement insurance providers may have different requirements.

Not an AARP member? You can apply for AARP membership when you apply for an AARP Medicare Supplement Plan.

About Prescription Drug Coverage (Part D)

Medicare Part D plans can help you save money on prescription drugs. Medicare Part D is a government program that offers prescription drug insurance to everyone eligible for Medicare. You must be enrolled in Part A or B to be eligible. You must enroll in a Part D plan through a private insurance company like UnitedHealthcare or other companies contracted by Medicare. Premium amounts, covered drugs and covered pharmacies will vary by plan.

Check with your former employer to see if a Part D plan through UnitedHealthcare is an option for your Medicare Part D prescription drug coverage. For more details and information on Part D, visit www.Medicare.gov.

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. AARP doesn't make individual recommendations for health related products, services, insurance and programs. You are encouraged to evaluate your needs and compare products.

AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Medicare Supplement Plans and Medicare Advantage Plans:

A COMPARISON

When you become eligible for Medicare Parts A and B, you may come across some different insurance options. The information below can help you compare Medicare supplement plans and Medicare Advantage plans.

What are the differences?

A Medicare Advantage plan is Medicare-approved and run by a private company that provides your Medicare Part A (hospital) and Medicare Part B (medical) coverage. Generally, you can only use doctors and hospitals in the plan network. If you choose a Medicare Advantage plan, you do not need a Medicare supplement plan.

Instead of taking the place of Medicare Parts A and B, a Medicare supplement plan works with them. This allows you to choose your own doctors and hospitals that accept Medicare patients — without the network restrictions some Medicare Advantage plans have. Medicare supplement plans also help to pay for some of the costs — like co-insurance and deductibles — Medicare doesn't cover. This can help you maintain control over your health care and budget.

A Medicare supplement plan could give you the flexibility you're looking for.

	Medicare Supplement Plans	Medicare Advantage Plans
Choice	Select your own doctors and hospitals, as long as they accept Medicare patients.	You may be required to use network doctors and hospitals.
Access	See specialists without referrals.	You may need referrals and may be required to use network specialists.
Freedom	No <u>network</u> restrictions. Coverage goes with you, across the U.S.	You may have network restrictions. Emergency care only for travel within the U.S.
Flexibility	You can switch to another Medicare supplement plan at any time, if you qualify.	Generally, there are specific periods during the year when you can switch to another Medicare Advantage plan.
Cost	Monthly premiums in addition to Part B, with limited out-of-pocket costs.	Low or no monthly <u>premiums</u> , in addition to Part B, with <u>deductibles</u> , <u>co-insurance</u> and <u>co-payments</u> when you use services.
Prescription Drug Coverage	None. Consider purchasing a Medicare <u>Part D</u> plan.	This coverage may or may not be included, depending on the plan you choose.

Medicare supplement plans work with Medicare and let you choose any doctors and hospitals that accept Medicare patients, without network restrictions.

Need help with a word? Terms you see underlined are defined in the *Insurance Terms Glossary*.

If you have a Medicare Advantage plan and plan on switching to a Medicare supplement plan, you must disenroll from your current plan and re-enroll in Medicare, then apply for a Medicare supplement plan. To avoid a lapse in coverage, apply for a Medicare supplement plan once you've requested disenrollment.

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Insurance Terms Glossary

DEFINITIONS OF TERMS UNDERLINED THROUGHOUT THIS GUIDE

B

Benefit Period A benefit period begins the first day you enter a hospital for inpatient care and ends after you have been out of the hospital (and have not received skilled care in any other facility) for 60 days in a row.

C

Co-insurance A kind of cost sharing where costs are split on a percentage basis. For example, Medicare pays about 80% and you pick up the rest. Medicare supplement insurance pays about 20% or more of the co-insurance you are responsible for.

Co-payment A kind of cost sharing where you pay a preset fixed amount for each service. Sometimes called a “co-pay.”

Creditable Coverage Certain types of previous health insurance that can be used to shorten or eliminate the waiting period for a pre-existing condition.

D

Deductible A kind of cost sharing where you are responsible for a preset, fixed amount that Medicare doesn’t cover. Some Medicare supplement plans pay a benefit for the Part A and Part B deductibles.

Durable Medical Equipment Equipment for use at home such as oxygen, wheelchairs and walkers.

E

Excess Charge The difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge.

G

Guaranteed Issue Rights Rights you have in certain circumstances, when insurance providers are required by law to offer you a plan. If you have guaranteed issue rights, you are guaranteed acceptance into selected plans available in your state, and you can’t be charged more for a past or present health problem. The policy must cover any pre-existing conditions, without a waiting period.

H

Hospice care Care for those who are terminally ill. Hospice care typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure. In Medicare Part A, hospice care also includes support services for both patient and caregivers. Medicare Part A covers both hospice care received at home and care received in a hospice outside the home.

Hospital An institution that provides care for which Medicare pays hospital benefits. A hospital stay must start while you are covered under a Medicare supplement plan.

Glossary (cont'd)

I

Inpatient Care Care you receive when you are admitted to a hospital for bed occupancy for the purpose of receiving inpatient services.

L

Lifetime Reserve Days After you are in the hospital for longer than 90 days in one benefit period, you have a total of 60 lifetime reserve days provided by Medicare to cover overnight stays that Medicare hospital benefits do not cover. While you use these days, Medicare pays all costs except for a daily co-insurance payment. Once you exceed the lifetime maximum of 60 days, Medicare provides no hospital coverage after 90 days of a benefit period.

M

Medicare Advantage See Part C.

Medicare Eligible Expenses The health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary.

Medicare Supplement Insurance Insurance that you buy from a private insurance company that pays for, or supplements, some or all of the cost sharing in Medicare Part A and Part B coverage. Medicare supplement insurance is available in up to 10 standard types, or “plans.” Each plan is named with a letter of the alphabet. Don’t confuse Medicare supplement Plans A, B, C and D with Parts A, B, C and D of Medicare.

N

Network The group of doctors, hospitals, pharmacies and other health care facilities that have contracted with an insurance plan to provide care to plan members.

O

Open Enrollment Period The 6-month period that starts the first month you are covered by Medicare Part B and you are age 65 or older. During this time, you have the right to buy any Medicare supplement insurance plan that is sold in your state. You can’t be denied coverage or charged more because of your past or present health problems.

Outpatient Care Care you receive as a hospital patient if you are not admitted for an inpatient stay, or care you receive in a free-standing surgery center as an outpatient.

P

Part A The part of Medicare that provides help with the cost of inpatient hospital stays, skilled nursing services following a hospital stay and some other kinds of skilled care.

Part B The part of Medicare that provides help with the cost of medically necessary services like doctor services, outpatient care and other medical services Part A doesn’t cover.

Part C The part of Medicare that allows private insurance companies to contract with Medicare to offer plans that help with Medicare Part A and Part B services. Part C plans are also called “Medicare Advantage” plans.

Part D The part of Medicare that offers help with the cost of prescription drugs.

Glossary (cont'd)

P

Pre-existing Condition A health problem you had before the date a new insurance policy starts.

Premium A fixed amount you have to pay to participate in a plan or program; in private insurance, the price you pay for a policy, usually as a monthly payment.

Provider A person or organization that provides medical services and products, such as a doctor, hospital, pharmacy, laboratory or outpatient clinic.

S

Select Plan A type of Medicare supplement policy that may require you to use hospitals and, in some cases, doctors within its network to be eligible for full benefits (except in emergencies).

Skilled Nursing Facility A facility that provides skilled nursing care and is approved for payment by Medicare. A skilled nursing facility stay must begin within 30 days after a hospital stay of 3 (or more) days in a row, or after a prior covered skilled nursing facility stay. A skilled nursing facility stay must also start while you are covered under a Medicare supplement plan.

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Learn. Choose. Enroll.

▶ **IMPORTANT** ENROLLMENT APPLICATION FORM ENCLOSED.
Sent on behalf of [sample employer].
Reply by [xx/xx/xxxx] for your plan to be effective [xx/xx/xxxx].



Enrollment Guide

HOW TO USE THIS GUIDE

This is an important tool you can use to enroll in an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. Follow the three simple steps within the guide to learn about Medicare supplement plans, choose an AARP Medicare Supplement Plan that fits your needs and enroll using the enclosed application.

Step 1:

Learn about Medicare Supplement Plans

Step 2:

Choose your AARP Medicare Supplement Plan

Step 3:

Enroll. Complete your Enrollment Application Form

Important Notice: The “Guide to Health Insurance for People with Medicare” is free, and briefly describes the Medicare program and the health insurance available to those on Medicare. If you are interested in receiving this free guide, please call [1-800-272-2146], toll-free, or visit us on the Web at: www.aarphealthcare.com/guidetohealth

Insured by UnitedHealthcare Insurance Company



**GET THE HELP YOU NEED WITH
A SIMPLE PHONE CALL**

If you have any questions, please call
[1-800-XXX-XXXX] toll-free Monday to Friday,
[7 a.m. to 11 p.m.] and Saturday, [9 a.m. to 5 p.m.],
Eastern Time.

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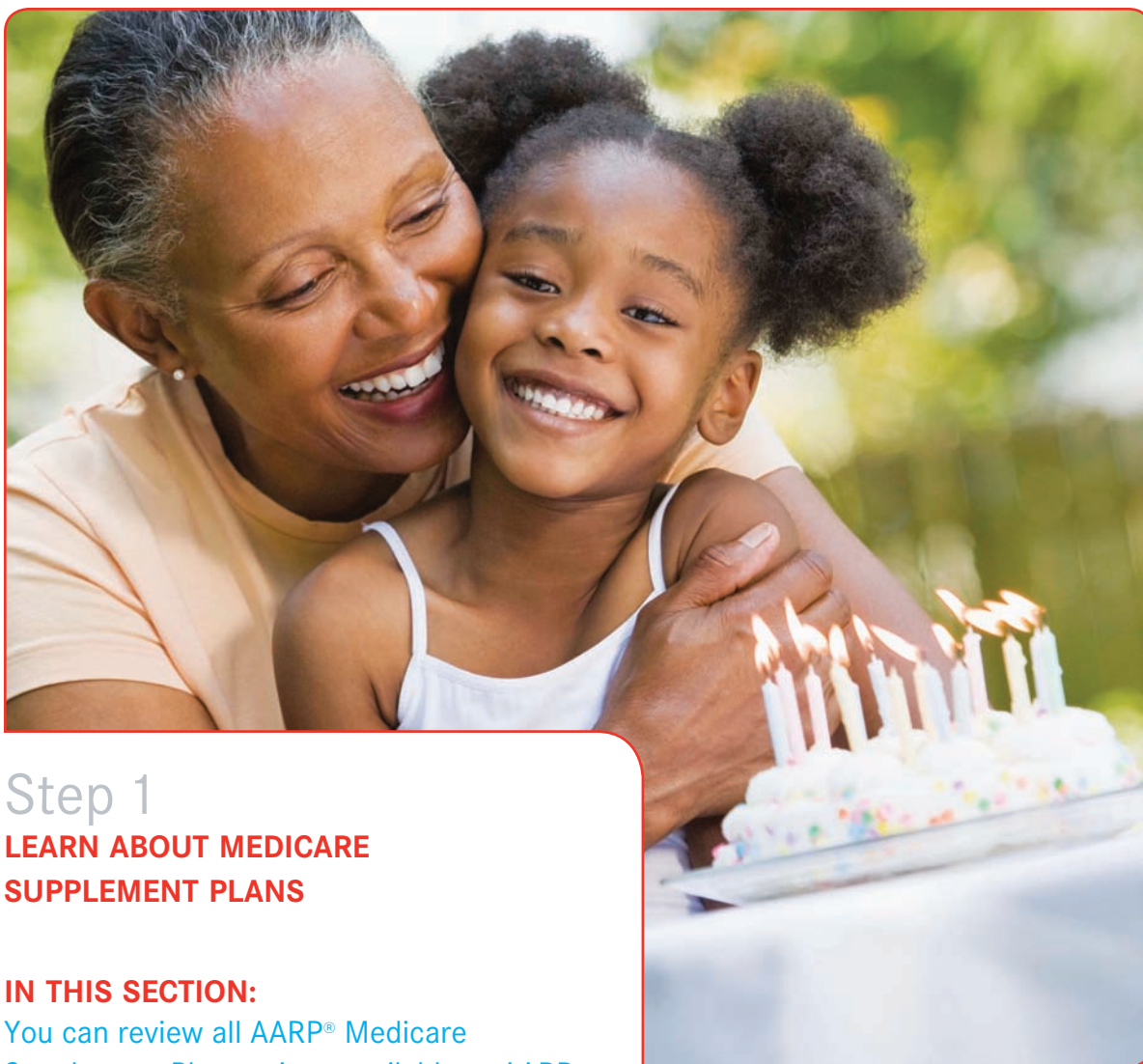
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Get help paying for some of what Medicare doesn't.

Sent to you on behalf of:
[Employer Name]



Step 1

LEARN ABOUT MEDICARE SUPPLEMENT PLANS

IN THIS SECTION:

You can review all AARP® Medicare Supplement Plan options available to AARP members and gain an understanding of Medicare supplement plan basics. This section includes a selection of the most commonly asked questions and answers. You'll also find additional helpful information.



Step 2

CHOOSE YOUR AARP® MEDICARE SUPPLEMENT INSURANCE PLAN

IN THIS SECTION:

You'll find rate and plan information to help
you make the most accurate decision possible.



Step 3

COMPLETE YOUR ENROLLMENT APPLICATION FORM

IN THIS SECTION:

You'll find an [Application Form](#) that you can fill out on your own or with help from a licensed insurance agent.

Commonly Asked Questions

ANSWERS ABOUT MEDICARE SUPPLEMENT PLANS

You can find definitions of all the underlined terms in the Insurance Terms Glossary.

What is the difference between “Medigap” and “Medicare supplement insurance”?

There is no difference – both terms have the same meaning. Throughout these materials, the term “Medicare supplement insurance” is used. It’s named that way because it is designed to supplement Medicare Part A and Part B. It is sometimes also called a “Medigap policy,” because it fills in some of the gaps that Medicare Parts A and B don’t pay.

What are “Basic Benefits”?

Basic Benefits are standard benefits that each Medicare supplement plan provides. Plan A provides only Basic Benefits. Other plans provide Basic Benefits plus other benefits. Basic Benefits are:

1. *Hospitalization.* Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.
2. *Medical Expenses.* Part B helps cover a range of medically necessary services, including doctors visits, outpatient care and home health services. Part B also covers some preventive services.
3. *Blood.* The first 3 pints of blood each year. (Medicare pays for all blood after the first 3 pints.)

What is the Part B Deductible?

You are responsible to pay a portion of the Medicare-approved Part B amounts for

covered services each calendar year. In [2010], the Part B amount that you are responsible for is [\$155]. Once you have met this deductible, Medicare will cover about 80% of Medicare-approved charges. Your deductible may be covered, depending on the Medicare supplement plan you choose.

Can my spouse and I be on the same account?

You and your spouse may share an account, but you must enroll with separate enrollment forms. Once enrolled, you will each receive an individual Certificate of Insurance.

Does Medicare supplement insurance offer prescription drug coverage?

By law, Medicare supplement insurance policies can no longer offer coverage for prescription drugs. Prescription drug coverage, also known as Part D, is available separately through private insurance companies contracted by Medicare.

Check with your <former employer group> to see if a Part D plan through UnitedHealthcare is an option for your Medicare Part D prescription drug coverage.

For more information or to enroll, call [1-888-867-5564], 24 hours a day, 7 days a week. (TTY users should call 711.)

Commonly Asked Questions (cont'd)

Who is this insurance offer from?

AARP is not the insurer of this Medicare supplement insurance. Instead, AARP contracts with UnitedHealthcare Insurance Company (UnitedHealthcare) to make coverage available to its members.

This is the only Medicare supplement insurance plan AARP chose to make available to its members. And, UnitedHealthcare's Medicare supplement insurance with the AARP name insures more than [2.88 million] AARP members nationwide.*

AARP has been helping Americans over 50 for more than fifty years. One way it does that is by creating relationships with respected companies that offer the kind of services AARP members need.

*Based on [March month-end 2009] internal company data. www.AARPHealthcare.com/Statistics.

Will I be accepted if I have a health condition?

During open enrollment, you can't be turned down for coverage. By law, you can't be charged more than the base rate for your policy, despite any prior health condition.

Where can I find more information?

For information about AARP® Medicare Supplement Insurance:

Call [1-800-620-9037]. A licensed insurance agent can help you explore your options or answer any questions you may have about AARP Medicare Supplement Insurance.

(TTY users should call 711.) Available Monday to Friday, [7 a.m. to 11 p.m.] and Saturday, [9 a.m. to 5 p.m.], Eastern Time.

Hablamos español – llame al [1-866-863-6764], de lunes a viernes, de las [8 a.m. a las 5 p.m.] y sábado de las [9 a.m. a las 5 p.m.], hora del este.

For information about Medicare supplement insurance:

Read [2010] *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

This is the official government guide with important information about what a Medicare supplement insurance policy is, what these policies cover, your rights to buy them and more. Download a free copy online, at www.AARPHealthcare.com/Learn or call [1-800-MEDICARE] ([1-800-633-4227]). (TTY users should call [1-877-486-2048].)

¿Necesita una copia en español? Visite www.AARPHealthcare.com/Learn en el sitio Web. Para saber si esta publicación está impresa y disponible (en español), llame GRATIS al [1-800-MEDICARE] ([1-800-633-4227]). (Los usuarios de TTY deben llamar al [1-877-486-2048].)

For information about Medicare supplement insurance in your state:

Call your state's Health Insurance Assistance Program or State Insurance Department. You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office, at [1-800-MEDICARE] ([1-800-633-4227]). (TTY users should call [1-877-486-2048].)

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. AARP doesn't make individual recommendations for health related products, services, insurance and programs. You are encouraged to evaluate your needs and compare products.

AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. An agent/producer may contact you.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.